MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/573,273 APPLICANT(S)

FILING DATE 3-23-06

}			1 1				CLAI	MS
i	AS	AS FILED		AFTER 1"AMENDMENT		TER		
ł						NDMENT	ļ	
 	IND.	DEP.	IND.	DEP.	IND.	DEP.	J	L
2		 						
3	 	 					ł	<u> </u>
4	 	 -	 				ł	
5	1	1	 				ł	<u> </u>
6		 	1				ł	-
7							1	
8							1	
9			<u> </u>					
10	├	- 	L					
11		 						
13	1	╅───	!					1-9
14	1							1-9
15								
16								
17								1
18 19	 	ļ						6
20	 	 					<u>-,</u>	_6
21		 	l					7
22								7
23								7
24								7
25 26	 							7
27								7
28								7
29								7
30								8
31								8
32							*	8
34								8
35				 -				8
36								8:
37								80 8'
38								88
39								89
40 41								90
42								91
43								92
44								93 94
45								95
46								96
47								97
48 49								98
50								99
TOTAL		┱						10 TOT.
IND.		▼ [3	▼		♣	ł	IND
TOTAL DEP.		4	7 •	4 F		<u> </u>	ŀ	TOTA
		4-	•	√ −	•	₹		DEF

TOTAL CLAIMS

PTO - 1360 (REV. 11/04)

T		AS FILED		1	AFTER			AFTER		
1.						ENDMEN			IENDMENT	
5	_	IND.	DEP	4	IND.	DE	P.	IND.	DEP.	
52			+	4		-}			 	
53	3		1	1		+			 	
54	1			7		†			 	
55									+	
50				1						
57 58			 	4		 				
59			 	╂		┧──			┼	
60			1	†		 	\dashv		+	
61				1					 	
62					· ·					
63			 -	4		<u> </u>	_			
65			 	╁			-4		ļ	
66				╅		 	\dashv		 -	
67				t			7		 	
68				I						
69		·		1			\Box			
70 71	\dashv			╂		<u> </u>	_			
72	1			╂			╅			
73				1			1			
74				1						
75	4			L			\Box			
76 77	+			╀			4			
78	\dashv			╂╴			+			
79				╁			╁			
80	\perp						1			
81				L						
82 83				┡			4-			
84	1			┞			╅			
85	1			t			╅			
86	\Box						1			
87	4									
88 89	╌			-			-			
90	╅			┡			- -			
91	1			┢			╂			
92							1			
93	4									
94 95	+			_			4			
96	╁			-			4			
97	1			\vdash			1-			
98							1			
99	_									
100 TOTAL	+			<u> </u>			L			
IND.			4			1			1	
TOTAL DEP.	1	J	←			(4	
TOTAL CLAIMS										
		U P	.S. DEPART	FME rade	ENT of CO	MMERC e	E	18		
				_			_			